

Guidelines for Billing Services

Prior authorization does not guarantee reimbursement.

Billing for Personal Care and Travel Time Services Not Prior Authorized

Wisconsin Medicaid allows Medicaid-certified providers to be reimbursed for the first 50 hours of medically necessary personal care and travel time services per calendar year, per recipient in any combination of prior authorized or non-prior authorized hours. All prior authorized and non-prior authorized services reimbursed in the calendar year, regardless of date of service or when the claim is submitted, count toward this 50-hour threshold. Therefore, providers should take care to delay submitting claims for prior authorized personal care hours until *after* claims for non-authorized hours have been finalized.

Providers should bill all personal care and travel time services without prior authorization (PA) on a separate claim form from those services with PA.

Billing for Prior Authorized Services

Prior authorization does not guarantee reimbursement. Provider certification, recipient eligibility, and medical necessity, as well as all other state and federal requirements, must be met before the claim is paid, according to HFS 107.02(3)(i), Wis. Admin. Code.

Listed below are some guidelines for billing Wisconsin Medicaid prior authorized services:

- The PA number indicated on the Prior Authorization Request Form (PA/RF) must be on all claims for dates of service that are between the grant date and expiration date of the approved PA/RF.
- Reimbursement will be allowed only for direct care or travel hours actually used, within rounding guidelines, even if the PA allows for additional time.
- Reimbursement will be allowed only for dates of service between the grant date and expiration date indicated on the approved PA/RF.
- Only one PA number is allowed per claim form. Services authorized under separate PA requests should be billed on separate claim forms.
- Medicaid-certified home health/personal care agencies can bill for both home health and personal care services on the same claim form if the corresponding PA includes both personal care worker and home health procedure codes.

Billing for Multiple Recipients in a Single Location

If personal care services are provided to more than one recipient at a single location, providers should only bill for the actual time spent by the PCW (rounded to the nearest 30-minute increment). Billing examples follow:

- *Services performed in sequence.* If you are providing bathing and dressing services to a husband and wife in the same home, bill separately for the actual time spent (within rounding guidelines) providing services for each recipient. The total time billed cannot exceed the actual time spent giving care, within rounding guidelines.
- *Services performed simultaneously.* Bill only once for tasks that are simultaneously performed for more than one recipient at a time. Examples include cleaning, laundry, grocery shopping, meal preparation, and travel time.
 - ✓ Housekeeping example: If it takes two hours to provide cleaning, laundry, and meal preparation for a husband and wife who are both Wisconsin Medicaid recipients and live in the same home, bill Medicaid one hour for the husband and one hour for the wife. Billing two hours for each recipient is

duplicate billing and would be subject to recoupment.

- √ Travel time example: If you are providing personal care services for two recipients residing in a Community Based Residential Facility (CBRF), add your travel time to and from the CBRF, round to the nearest 30-minute increment, and bill for one recipient only. Billing the total travel time to each recipient is duplicate billing and would be subject to recoupment. Refer back to the Billing Units of Service portion of this section for more information.